

02-07-01

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE
CONTINUED PROSECUTION APPLICATION (CPA) TRANSMITTAL
UNDER 37 CFR 1.53(d)

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| | | |
|------------------------------------|------------------------|---------------|
| Address to: | Attorney Docket No. | SA9-97-115 |
| Box CPA | Inventor(s) | F. Lee et al. |
| Assistant Commissioner for Patents | Express Mail Label No. | EL367500430US |
| Washington, DC 20231 | Total Pages | 22 |

This is a request for a X Continuation or Divisional application under 37 CFR 1.53(d), continued prosecution application of prior application Serial No. 09/219,195, filed on 12/21/98, entitled: AN INTERCONNECT MODULE FOR USE IN A SUSPENSION ASSEMBLY

Title: **AN INTERCONNECT MODULE FOR USE IN A SUSPENSION ASSEMBLY**

NOTE: The filing of this CPA is a request to expressly abandon the prior application as of the filing date of the request for a CPA.

- Enter the unentered amendment previously filed on xx/xx/xx under 37 CFR 1.116 in the prior nonprovisional application.
- A preliminary amendment is enclosed.
- This application is filed by fewer than all the inventors named in the prior application, 37 CFR 1.53(d)(4). Delete the following inventor(s) named in the prior nonprovisional application:

- A new power of attorney is enclosed.
- X Information Disclosure Statement (IDS) is enclosed.
- Fee Calculation

02/08/2001 GTEFFERA 00000086 090466 09219195

01 FC:131 710.00 CH
02 FC:103 72.00 CH
03 FC:102 320.00 CH

| | Claims Filed | | Extra | Rate | Fees |
|--------------------------|--------------|-------|-------|--------------|-------------------|
| Basic Fee | | | | | \$710.00 |
| Total Claims | 24 | -20 = | 4 | x \$ 18.00 | \$72.00 |
| Independent Claims | 7 | -3 = | 4 | x \$ 80.00 | \$320.00 |
| Multiple Dependent Claim | | | | \$270.00 | |
| | | | | TOTAL | \$1,102.00 |

- X Please charge my Deposit Account No. 09-0466 in the amount of \$1,102.00.
A duplicate copy of this sheet is attached.
- X The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 09-0466. A duplicate copy of this sheet is attached.
X Any filing fees under 37 CFR 1.16 for the presentation of extra claims.
X Any patent application processing fees under 37 CFR 1.17.

EXPRESS MAIL CERTIFICATE

I hereby certify that the above paper/fee is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated below and is addressed to the Assistant Commissioner for Patents, Washington, DC 20231

Date of Deposit: February 5, 2001

Person mailing paper/fee: Rosalind Kennison

Signature Rosalind Kennison

Respectfully submitted,

Abby Reissinia
Abby Reissinia (#38,686)
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Telephone (408) 256-2062

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 1997

Application or Docket Number

CLAIMS AS FILED - PART I

(Column 1)

(Column 2)

SMALL ENTITY
TYPE ☐

OR

OTHER THAN
SMALL ENTITY

| FOR | NUMBER FILED | NUMBER EXTRA |
|----------------------------------|-----------------|--------------|
| BASIC FEE | | |
| TOTAL CLAIMS | 24 minus 20 = * | 4 |
| INDEPENDENT CLAIMS | 7 minus 3 = * | 4 |
| MULTIPLE DEPENDENT CLAIM PRESENT | | |

| RATE | FEE |
|-------|-----|
| | |
| | |
| | |
| | |
| TOTAL | |

| RATE | FEE |
|-------|-----|
| | 710 |
| 80 | 320 |
| 18 | 72 |
| | |
| TOTAL | pd |

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

(Column 1)

(Column 2)

(Column 3)

SMALL ENTITY

OR

OTHER THAN
SMALL ENTITY

| AMENDMENT A | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | |
|-------------|--|------------------------------------|---------------|---|
| | Total | * | Minus ** | = |
| | Independent | * | Minus *** | = |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | |

| RATE | ADDITIONAL FEE |
|------------------|----------------|
| | |
| | |
| | |
| TOTAL ADDIT. FEE | |

| RATE | ADDITIONAL FEE |
|------------------|----------------|
| | |
| | |
| | |
| TOTAL ADDIT. FEE | |

| AMENDMENT B | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | |
|-------------|--|------------------------------------|---------------|---|
| | Total | * | Minus ** | = |
| | Independent | * | Minus *** | = |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | |

| RATE | ADDITIONAL FEE |
|------------------|----------------|
| | |
| | |
| | |
| TOTAL ADDIT. FEE | |

| RATE | ADDITIONAL FEE |
|------------------|----------------|
| | |
| | |
| | |
| TOTAL ADDIT. FEE | |

| AMENDMENT C | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | |
|-------------|--|------------------------------------|---------------|---|
| | Total | * | Minus ** | = |
| | Independent | * | Minus *** | = |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | |

| RATE | ADDITIONAL FEE |
|------------------|----------------|
| | |
| | |
| | |
| TOTAL ADDIT. FEE | |

| RATE | ADDITIONAL FEE |
|------------------|----------------|
| | |
| | |
| | |
| TOTAL ADDIT. FEE | |

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
 ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
 *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
 The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.